

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000039051

**FILED**  
**Nov 20, 2008**  
**Secretary of State****Entity Name:** TOWN & COUNTRY TITLE, LLC**Current Principal Place of Business:**1275 S. PATRICK DR.  
SUITE J  
SATELLITE BEACH, FL 32937**New Principal Place of Business:****Current Mailing Address:**1275 S. PATRICK DR.  
SUITE J  
SATELLITE BEACH, FL 32937**New Mailing Address:****FEI Number:** 20-1172653**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KOENIG, DARLENE L  
1275 S. PATRICK DR.  
SUITE J  
SATELLITE BEACH, FL 32937 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TOWN & COUNTRY TITLE, INC.  
Address: 1275 S. PATRICK DR., SUITE J  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: P/T (X) Delete  
Name: KOENIG, DARLENE L  
Address: 1275 S. PATRICK DR., SUITE J  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S (X) Delete  
Name: CHISHOLM, RENEE  
Address: 1275 S. PATRICK DR., SUITE J  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DARLENE L. KOENIG,  
Address: 1275 S. PATRICK DR., SUITE J  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DARLENE L KOENIG

MGR

11/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date